

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	W	7153P	10-1591
O.I.P.E. CLASSIFIER	EZ	32	10/19
FORMALITY REVIEW	HD	6090916	10/26/90

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral) Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	Original
1 ✓ ✓	10/18/90
2 ✓ ✓	10/18/90
3 ✓ ✓	10/18/90
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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